

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS AA (AMBULATORY)

**Facility Information**

**Facility Name:** SHERWOOD PLACE (0010552)

**Address:** 4893 FINGER RD, GREEN BAY, WI 54311

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/15/2004

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

**Survey History**

**Survey ID:** 0096732      **End Date:** 03/23/2006      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10007279    Served 04/14/2006

Deficiencies Cited

83.05(2)(a)

83.14(8)

Subject Area

CLASS A AMBULATORY (AA)

DOCUMENTATION

Compliance  
Verified

Corrected

**Survey ID:** 0094177      **End Date:** 01/31/2005      **Type:** OTHER      **Purpose:** COMPLAINT/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10007117    Served 03/02/2005

Deficiencies Cited

83.14(8)

Subject Area

DOCUMENTATION

Compliance  
Verified  
03/23/2006

Corrected  
No

**Survey ID:** 0092816      **End Date:** 06/15/2004      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

*Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.*

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS AA (AMBULATORY)

**Enforcement History**

**Date:** 04/12/2006      **SOD #**10007279      **Appealed:** Yes      **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
FORFEITURE---83.14(8)

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**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS AA (AMBULATORY)

**Complaint History**

**Date Complaint Received: 09/15/2004**

**Date Investigation Completed: 01/15/2005**

Subject Area(s)

RESIDENT RIGHTS  
STAFF TRAINING AND PROFICIENCY  
STAFF ADEQUACY  
PROGRAM SERVICES

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 09/01/2004**

**Date Investigation Completed: 01/15/2005**

Subject Area(s)

RESIDENT RIGHTS  
ADMINISTRATION

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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